



Tri-City Medical Center

2022

Employee Benefits Guide

Eligibility • Enrollment • Medical • Dental Vision • Life • Disability
EAP Program • Worksite Benefits • Voluntary Benefits



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This benefits guide provides a brief overview of some of the benefit plans available to you as a Tri-City Medical Center employee.

While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of a discrepancy between this guide and the actual plan documents and/or insurance contracts, the plan documents and insurance contracts will prevail. The benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Tri-City Medical Center. If you have any questions about information contained in this guide, please contact Human Resources.

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BENEFITS...MAKING A DIFFERENCE

At Tri-City Medical Center (TCMC), our signature is health and wellness. Caring hands are our symbol and our promise. In our culture of excellence, we understand that **Making A Difference** means touching lives and always giving our best. It means keeping our patients, their families and our community at the heart of everything we do. **Making A Difference** is also about reaching out to you, our valued employees, and providing tools and programs for your good health and financial security. With that, we are proud to provide you with a comprehensive and affordable benefits package that offers peace of mind and protection when you need it most.



Our benefits are designed to make a positive difference in your life, just as you make a difference in the lives of those you serve at Tri-City Medical Center. We review our benefits program annually to ensure that it continues to align with our mission and meet your needs in ways that are cost effective and market competitive. We continually draw upon the feedback we receive from our TCMC colleagues regarding the adequacy of the benefits and the quality of service provided. During annual open enrollment, you have the opportunity to change your benefits to best meet your personal needs for the new plan year.

This benefits guide provides you with an overview of the benefits available to you as a TCMC employee. More detailed information is provided in the summary of plan descriptions posted on the Tri-City Intranet under Human Resources. Additional resources are available by contacting providers directly either online or by phone. Please refer to the contact page at the end of this book for provider websites and phone numbers or contact the Benefits Department at 760-940-7998.

At Tri-City Medical Center, we are committed not just to hiring, but to retaining the best talent in the industry. Signature Benefits is our way of saying thank you for providing excellence in every aspect of your work and supporting our mission to advance the health and wellness of those we serve.

| | |
|----------------------------|--|
| Medical | UnitedHealthcare Signature Value Advantage HMO UnitedHealthcare Select Plus PPO |
| Pharmacy | RxBenefits in partnership with OptumRx |
| Vision (with medical plan) | VSP PPO Vision Plan |
| Dental | DeltaCare USA DHMO Delta Dental PPO |
| Flexible Spending Accounts | Contribute up to \$2,650 to Health Care Account Contribute up to \$5,000 to Dependent Care Account |
| Life & AD&D Insurance | One time basic annual salary + \$5,000 \$105,000 benefit max for Life and AD&D |
| Long Term Disability | Coverage determined by NSRP status Voluntary coverage available |
| Retirement Plans | National Security Retirement Program Deferred Compensation Plan Money Accumulation Pension Plan |
| Other Valuable Benefits | Time Away from Work Tuition Reimbursement Program Employee Assistance and Work/Life Programs Voluntary Benefits |

ENROLLMENT & WAIVER OPTION

LIMITED TIME TO ENROLL!

To ensure you have the benefits that you and your dependents need, it's important you decide upon and enroll in the TCMC benefits program options that are right for you.

- If you are an existing employee who wishes to change benefit elections for 2022, you must enroll by the annual enrollment deadline or you will continue with your current 2021 elections, except for Flexible Spending Accounts which require re-enrollment each year.
- If you are a new employee, you must enroll within 30 days of employment. If you do not enroll by the enrollment deadline, you will NOT have Medical, Vision or Dental coverage and you will not be able to add coverage until the next annual open enrollment period unless you have a qualifying event (refer to "Qualifying Events" on page 4).
- All part-time and full-time benefit eligible employees will be automatically enrolled in the Basic Life and AD&D benefit equal to one times annual salary + \$5,000 up to \$105,000 - at no cost to you.



WAIVER OPTION

If you have coverage elsewhere, you can waive TCMC's medical and dental benefits and receive \$75 per month if you are full-time, or \$20 per month if you are part-time benefits eligible. These dollars will be included in your paycheck. You must complete your enrollment form and provide proof of other medical coverage within 30 days of employment or status change. Although only proof of other medical coverage is required, you must waive both medical and dental benefits in order to receive this option. **If you elected this option in 2021, you do not need to re-enroll in 2022.**

WHO IS ELIGIBLE?

You are eligible to participate in TCMC's flexible benefits program if you are a benefited employee, regularly scheduled to work 48 or more hours per pay period. When you enroll your benefits coverage is effective the 1st of the month following 30 days of employment or status change.

Your eligible dependents may be enrolled in medical/vision, dental, and/or dependent life coverage. Your eligible dependents include:

- Your legal spouse
- Your children to age 26
- Your unmarried children of any age who are physically or mentally disabled and who are financially dependent upon you, if the disability began prior to attainment of limiting age and you provide proof of the disability.

You may also enroll registered domestic partners and their dependent children in medical, vision, dental and supplemental life coverage. For more information regarding domestic partner coverage, and the tax consequences, contact the Benefits Representative in Human Resources.

Dependent children for the purpose of health insurance eligibility need not be financially dependent, reside with parent, be a student, be unmarried or be unemployed.



ELIGIBILITY VERIFICATION

In the face of increasing health care costs, we are always looking for innovative ideas to help preserve your highly competitive benefits program. As a result, Tri-City Medical Center verifies the eligibility of dependents in our health care plan. This process will lower our costs, but leave your health care benefits untouched.

To cover dependents on our health care plan, you will need to send the appropriate documentation to HR no later than 10 business days from your date of hire/Qualifying Event or Online Open Enrollment. If you fail to do so, you will not be able to cover dependents for health care coverage at this time and will have to wait until the next Open Enrollment in 2022 for coverage effective January 1, 2023. Please contact the Benefits Department at 760-940-7998 to obtain the Dependent Eligibility packet, or download from the TCMC Intranet.

ENROLLMENT CHANGES

MAKING CHANGES

You may make changes your benefit elections (change or drop your coverage, add or remove dependents from coverage, etc.) during the Plan Year ONLY if a qualifying event occurs in your life or in your employment or status.



QUALIFYING EVENTS

If you have a qualifying event and want to change your benefit elections, **you must submit the appropriate benefit change forms to Human Resources-Benefits within 30 days of the qualifying event.** The changes you make in your benefit elections must be consistent with the qualifying event. Qualifying events include:

- Marriage, legal separation, or divorce
- Addition of a dependent (such as the birth or adoption of a child or a change in child custody or qualified medical child support order)
- Death of your spouse or a dependent
- Significant change in the benefit offerings available to you, your spouse, or your dependent due to employment
- Change in status of you or your spouse from benefits eligible to benefits ineligible or vice-versa
- You or your spouse takes or returns from a leave of absence
- Change in your (or your spouse's or dependent's) employment status
- You, your spouse, or a dependent becomes eligible for Medicare or Medicaid coverage
- Dependent reaches plan's age limit or becomes eligible for health coverage through their employer

EMPLOYEE CONTRIBUTIONS

Your contributions for medical and dental coverage and flexible spending accounts are deducted from your pay before federal income, Social Security, and most state and local income taxes are calculated. Your contributions to NSRP and Deferred Compensation are deducted from your pay before federal and most state and local income taxes are calculated. You pay your share of the cost for these benefits with tax-free dollars, so you save by paying less in taxes. Your contributions for supplemental life and dependent life insurance, voluntary long-term disability (if you are enrolled in Social Security) and the Money Accumulation Pension Plan are deducted from your pay after taxes.

TCMC has 26 pay periods each year. Deductions for insurance benefits and flexible spending accounts are taken out of the first two paychecks each month (24 pay periods). Your contributions to your retirement programs are taken out of all 26 paychecks.



What TCMC Pays

- Full cost of full-time, employee only HMO medical, PPO vision and dental coverage
- Most of the cost of part-time employee and dependent medical and dental coverage
- Full cost of Basic Life and AD&D insurance
- Matching contributions to retirement savings in NSRP and MAPP
- Long-Term Disability and Survivor Income Benefit (if you are a benefited employee enrolled in NSRP)
- Tuition Reimbursement
- Paid Time Off
- Employee Assistance and Work/Life Programs

RATES

MEDICAL, DENTAL AND VISION COVERAGE

(These rates do not include Domestic Partner coverage. Please contact HR-Benefits for Domestic Partner rates.)

| | UnitedHealthcare Signature Value Advantage HMO + Vision | UnitedHealthcare Select Plus PPO + Vision | DeltaCare USA Dental HMO | Delta Dental PPO | Flex Dollars |
|-------------------------------|--|---|------------------------------------|-------------------------------------|-------------------------------------|
| FULL-TIME | | | | | |
| Employee Only | \$0.00 | \$138.91/month \$69.46/pay period | \$0.00 | \$0.00 | \$75.00/month \$37.50/pay period |
| Employee + 1 | \$290.49/month \$145.24/pay period | \$572.94/month \$286.47/pay period | \$5.51/month \$2.75/pay period | \$29.96/month \$14.98/pay period | N/A |
| Employee + 2 or more | \$410.17/month \$205.08/pay period | \$818.17/month \$409.09/pay period | \$12.51/month \$6.26/pay period | \$37.11/month \$18.56/pay period | N/A |
| PART-TIME | | | | | |
| Employee Only | \$137.69/month \$68.85/pay period | \$327.08/month \$163.54/pay period | \$5.02/month \$2.51/pay period | \$29.62/month \$14.81/pay period | \$20.00/month \$10.00/pay period |
| Employee + 1 | \$406.45/month \$202.22/pay period | \$765.55/month \$382.77/pay period | \$13.32/month \$6.66/pay period | \$36.96/month \$18.48/pay period | N/A |
| Employee + 2 or more | \$573.89/month \$286.95/pay period | \$1,093.22/month \$546.61/pay period | \$17.78/month \$8.89/pay period | \$50.34/month \$25.17/pay period | N/A |
| TWO TRI-CITY EMPLOYEES | | | | | |
| Employee + 1 | \$129.11/month \$64.55/pay period | \$251.49/month \$125.74/pay period | \$3.37/month \$1.69/pay period | \$14.17/month \$7.09/pay period | N/A |
| Employee + 2 or more | \$185.67/month \$92.84/pay period | \$358.71/month \$179.35/pay period | \$5.24/month \$2.62/pay period | \$20.05/month \$10.03/pay period | N/A |

VOLUNTARY PLANS

For Supplemental Life Insurance—see page 15

For Voluntary LTD rates—see page 16

For Critical Illness and Voluntary Accident rates—see page 17

A quality medical plan that includes preventive care is your gateway to good health and wellness. TCMC offers you two affordable plan options through UnitedHealthcare. Both options cover most of the same services, but the options differ when it comes to choosing providers and monthly premiums. Be sure to review the key features of each of the plans and consider your needs and those of your family before you enroll.



KEY MEDICAL TERMS

COINSURANCE: Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service.

COPAY: This is the amount that you pay each time you receive certain types of services, such as a physician office visit.

ANNUAL DEDUCTIBLE: This is the amount that you pay each plan year before the medical plan begins to pay benefits for services to which the deductible applies.

ANNUAL OUT-OF-POCKET MAXIMUM: This is the maximum amount that you will pay during the plan year for eligible medical expenses (payments you make for prescription drugs are not included). If you reach this limit, the plan will cover most services at 100% for the rest of the plan year.

PRIMARY CARE PHYSICIAN (PCP): In the Signature Value Advantage HMO Plan, your PCP is the physician you choose from within the UnitedHealthcare Signature Value Advantage Plan network who will provide most of your care and manage any necessary specialized care or hospitalizations. If you enroll in the Signature Value Advantage HMO Plan option, you must use UnitedHealthcare Signature Value Advantage Plan network providers (except in medical emergencies) in order for benefits to be paid by the plan.

IN-NETWORK (PREFERRED PROVIDERS): If you enroll in the UnitedHealthcare Select Plus PPO option, the plan will pay the highest level of benefits if you use Select Plus Preferred Providers.

NON-PREFERRED PROVIDERS: If you use providers who are not part of UnitedHealthcare's Select Plus PPO network, the plan will pay benefits at the non-preferred provider level. Whenever you use out-of-network providers, the services you receive will be covered at lower amounts, and your share of the cost will be higher.



MEDICAL PLAN OPTIONS

UHC SIGNATURE VALUE ADVANTAGE HMO

The UHC Signature Value Advantage HMO Plan (SVA) option covers services received from physicians, hospitals, and other providers within the UHC Signature Value Advantage Plan network. You must use network providers in order to receive benefits. Except in medical emergencies, services received from providers who are not part of the UHC Signature Value Advantage Plan network will not be covered. As long as you use UHC Signature Value Advantage Plan network providers, you will receive comprehensive benefits (including preventive care) and your out-of-pocket expenses will be lower with no claim forms to submit. If you choose the Signature Value Advantage HMO Plan option, you must choose a Primary Care Physician (PCP) who will provide most of your care and manage any specialized care or hospitalization you may need by referring you to other network providers. Whenever you need health care services, visit your PCP. If you receive services without approval from your PCP, your charges won't be covered by the plan (except in medical emergencies).

UHC SELECT PLUS (PPO)

The PPO option gives you the freedom to use UnitedHealthcare preferred and non-preferred providers and receive benefits. If you use preferred providers, you will pay less for the services that you receive. You will have higher out-of-pocket expenses if you use non-preferred providers.

UnitedHealthcare requires the designation of a primary care provider (PCP) for the UHC Signature Value Advantage HMO plan. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. Until you make this designation, UnitedHealthcare designates one for you. You have the option of changing your PCP at any time by contacting UnitedHealthcare at 800-624-8822. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact UnitedHealthcare at the phone number on the back of your medical I.D. card. You do not need prior authorization from UnitedHealthcare or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a preapproved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact UnitedHealthcare at the phone number on the back of your medical I.D. card.



MEDICAL PLAN OPTIONS AT-A-GLANCE

The table below highlights your medical plan options. For more detailed information, visit the Tri-City Intranet under Human Resources—Benefit Plan Information. You may also log on to UnitedHealthcare’s website at myuhc.com, or you may contact the Benefits Department or Human Resources directly.

| MEDICAL OPTIONS AT-A-GLANCE | | | |
|---|---|--|-------------------------|
| FEATURES | UHC HMO | UHC SELECT PLUS PPO | |
| | SIGNATURE VALUE ADVANTAGE | IN-NETWORK | OUT-OF-NETWORK |
| | HMO PLAN (SVA) NETWORK ONLY | PREFERRED PROVIDERS | NON-PREFERRED PROVIDERS |
| Annual Deductible | None | \$250 per individual | \$500 per individual |
| | | Maximum of 3 individual deductibles per family | |
| Annual Out-of-Pocket Maximum | \$1,000 per individual | \$2,000 per individual | \$5,000 per individual |
| | Maximum of 3 individual maximums per family | | |
| Lifetime Maximum Benefit | Unlimited | Unlimited | |
| OUTPATIENT SERVICES | | | |
| Office Visit PCP/Specialist | \$20/\$40 copay | \$20/\$40 copay* | 50% coinsurance** |
| Well-Baby Care | Paid in full | Paid in full* | Not covered |
| Preventive Care | Paid in full | Paid in full* | Not covered |
| X-Ray & Lab Services / Complex Imaging | \$20 copay | Paid in Full*/ complex imaging | 50% coinsurance** |
| Outpatient Surgery | \$100 copay | 20% coinsurance** | 50% coinsurance** |
| Emergency & Urgent Care Services | | | |
| Emergency Room Visit | \$100 copay | \$100 copay* | \$100 copay* |
| Note: Emergency room copay is waived if admitted as inpatient | | | |
| Urgent Care Visit | \$20 copay | \$20 copay* | 50% coinsurance** |
| Mental Health Services | | | |
| Office Visit | \$20 copay | \$20 copay* | 50% coinsurance** |
| Intensive Outpatient Treatment | Paid in full | 20% coinsurance** | 50% coinsurance** |
| Chiropractic Services | | | |
| Office Visit | \$20 copay | \$40 copay* | 50% coinsurance** |
| Maximum Visits Per Year | 20 | 24 (combined in and out of network) | |
| INPATIENT SERVICES (including Mental Health Facilities) | | | |
| Hospital Services | \$250 copay (copay waived if admitted to TCMC) | 20% coinsurance** | 50% coinsurance** |
| Physician Services | Paid in full | 20% coinsurance** | 50% coinsurance** |
| PRESCRIPTION DRUG PLAN (Prescriptions must be filled at a participating OptumRx pharmacy or through the mail order program) | | | |
| Retail - 30 day supply | | | |
| Generic | \$15 copay | \$15 copay* | |
| Brand | \$35 copay | \$35 copay* | |
| Mail Order - 90 day supply | | | |
| Generic | \$30 copay | \$30 copay* | |
| Brand | \$70 copay | \$70 copay* | |

*No deductible, **After Deductible

PRESCRIPTION DRUG COVERAGE

Rx BENEFITS

Your pharmacy benefits will be administered by **RxBenefits** in partnership with **OptumRx**. The RxBenefits service model delivers enhanced safety, better cost savings, and top-notch customer service.

With OptumRx, you'll have access to a massive network of more than 64,000 pharmacies nationwide. We're prepared to meet all your pharmacy needs.



YOUR PRESCRIPTION BENEFIT COVERAGE INCLUDES:

Member Services: Dedicated to meeting your prescription benefit needs, we can be reached at **800-334-8134** or RxHelp@rxbenefits.com Monday through Friday from 5:00 a.m. to 6:00 p.m. PST. After hours you may choose to transfer directly to OptumRx.

Digital Tools: On **January 1, 2022** register at optumrx.com and download the OptumRx mobile app to manage your profile, request refills, locate pharmacies, and more!

ID Card: **OptumRx** will provide your prescription benefit ID Card. If you need to fill a prescription before your card arrives, simply provide the following, along with your member number or Social Security number, to the pharmacy:

RxBIN: 610011
RXBPCN: IRX
RXGRP: RXBENHOSP
Issuer: OptumRx
Pharmacy Member Services: 800.334.8134
Pharmacist Helpdesk: 800.880.1188



MAINTENANCE MEDICATIONS

Treat ongoing conditions like diabetes, high blood pressure, and asthma. In addition to local retail pharmacy access, your prescription benefit coverage allows these medications to be filled by mail.

Mail Order Provides:

- Free delivery to your home of up to a 90-day supply
- Confidential, tamper-resistant, and temperature-controlled packaging
- Convenient refill requests online or by phone
- 24/7 access to a registered pharmacist

Getting Started with Mail Order is Easy:

1. Ask your doctor for a new 90-day supply prescription, and up to three refills, for each maintenance medication
2. Download the OptumRx Mail Order Form from optumrx.com
 - Scroll to bottom of website and select "Forms"
 - On Forms page, select "Other Forms"
 - Select "Blank Mail Order Prescription Form"—(English or Spanish)
3. Mail the completed form and prescription to OptumRx



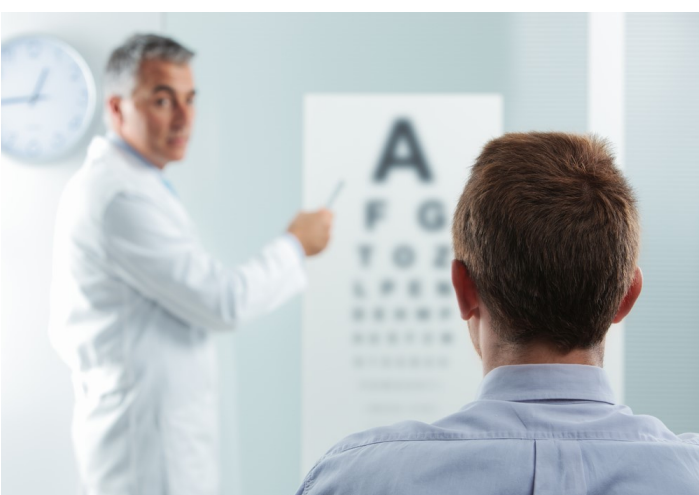
VSP VISION

If you and your dependents enroll in either medical plan, you also receive vision coverage through VSP's PPO Vision Plan. Your vision plan provides you and your family with substantial discounts on prescription eyewear whether you use preferred or non-preferred providers. If covered services and/or materials are provided by a non-participating provider, charges will be paid by the plan based on a schedule of allowances. The certificate of coverage provides the detailed schedule of allowances.

The vision plan provides benefits for covered services and/or materials when you use a participating provider as follows:

VISION PLAN OPTIONS

| Benefit | Description | Copay | Frequency |
|-----------------------------------|---|--|-----------------|
| Your coverage with a VSP Provider | | | |
| WellVision Exam | Focuses on your eyes and overall wellness | \$0 | Every 12 months |
| Prescription Glasses | | | |
| Frame | <ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amounts over your allowance \$70 Costco frame allowance | \$0 | Every 24 months |
| Lenses | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children | \$0 | Every 12 months |
| Lens Enhancements | <ul style="list-style-type: none"> Scratch-resistant coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements | \$0 \$55 \$95-\$105 \$150-\$175 | Every 12 months |
| Contacts | | | |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> \$105 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) | Up to \$60 | Every 12 months |



Annual vision exams not only correct vision problems, they can also reveal warning signs of more serious health issues, such as hypertension, cardiovascular disease and diabetes. To find a VSP PPO Vision Plan provider, log on to vsp.com.

DENTAL

DELTA DENTAL

Delta smiles begin with regular dental checkups. You and your eligible dependents may choose between two dental options that provide comprehensive coverage. Refer to the chart for plan highlights. It is recommended that you request a treatment plan for Basic, Major and Orthodontia services.

If you choose the DeltaCare USA DHMO option, you must choose a DeltaCare USA DHMO network provider as your assigned dentist and obtain dental services through that provider. Except in dental emergencies, services obtained from a provider other than your assigned dentist will not be covered. As long as you use your DeltaCare USA DHMO network provider, you will receive comprehensive dental benefits (including preventive care) and your out-of-pocket expenses will be lower with no claim forms to submit.

If you choose the Delta Dental PPO option, you may go to any dentist for services; you will be reimbursed for those services at a higher percentage when you use a Preferred Provider.



DENTAL PLAN OPTIONS

| FEATURES OR TREATMENT | DeltaCare USA DHMO | Delta Dental PPO Plan 1 | |
|---|---|---|----------------|
| | | IN-NETWORK | OUT-OF-NETWORK |
| Annual Deductible (Ind/Fam) | None | \$50/\$150 | \$50/\$150 |
| Annual Benefit Maximum | None | \$2,000 | \$2,000 |
| Preventive & Diagnostic | | | |
| (Office visits, x-rays, cleanings, etc.) | Many services paid in full; co-pay schedule applies to others (see DeltaCare USA Plan 11B Summary for a more complete schedule of benefits) | 100%** | 80%** |
| Basic | | | |
| (Fillings, root canals, oral surgery, etc.) | Many services paid in full; co-pay schedule applies to others (see DeltaCare USA Plan 11B Summary for a more complete schedule of benefits) | 80%* | 60%* |
| Major | | | |
| (Crowns, bridges, dentures, etc.) | Many services paid in full; co-pay schedule applies to others (see DeltaCare USA Plan 11B Summary for a more complete schedule of benefits) | 60%* | 50%* |
| Orthodontia | | | |
| Orthodontic Coverage | Comprehensive Orthodontic Treatment— \$1,700 copay*** - child or adolescent to age 19 \$1,900 copay *** - adult, including covered dependent adult children | 50%/50%* | 50%/50%* |
| Lifetime Maximum | | \$2,000 | \$2,000 |
| | | Covered for dependent children to age 26 only | |

* After Deductible

** No Deductible

*** Additional copays may apply for full treatment

FLEXIBLE SPENDING ACCOUNTS (FSA)

If you have health care and/or dependent care expenses that you typically pay out-of-pocket, participation in the Flexible Spending Accounts can save you money. The contributions you make to these accounts are deducted from your pay BEFORE federal income, Social Security, and most state and local income taxes are calculated. The end result is that you decrease your taxable income and increase your spendable income. You can save hundreds or even thousands of dollars a year.

You may use the Health Care Flexible Spending Account, the Dependent Care Flexible Spending Account, or both.

Before you enroll, decide how much you anticipate spending in the next plan year (January 1, 2022 through December 31, 2022) for eligible expenses and then calculate how much you will contribute to your Flexible Spending Accounts for the upcoming year. You may contribute:

- Up to \$2,650 per year to a Health Care Flexible Spending Account.
- Up to \$5,000 per year to a Dependent Care Flexible Spending Account; if you and your spouse file separate tax returns, the most each of you can contribute to this account is \$2,500 a year.

Your contributions are deducted from your paychecks (24 pay periods) and deposited in your designated account(s). As you incur eligible expenses, you file claims and are reimbursed from your account(s) with tax-free money. For more information, go to tri-ad.com/fsa.



WHAT EXPENSES ARE REIMBURSABLE?

Your Health Care FSA may be used to pay for eligible health care expenses that are not paid by any of your medical/vision or dental plans. Examples include plan deductibles and copays, other out-of-pocket costs, transportation expenses incurred to receive health care, and expenses that exceed plan limits (such as braces). Expenses incurred by any person who qualifies as a dependent on your income tax return are eligible for reimbursement through your Health Care Flexible Spending Account.

*For a full list of eligible expenses, go to: tri-ad.com/fsa. Your Dependent Care Flexible Spending Account may be used to pay for expenses incurred that are necessary to allow you and your spouse, if you are married, to work or attend school full-time. Day care or other dependent care services for children 12 or under, or for dependents of any age that are physically or mentally incapable of self care, are eligible expenses for reimbursement from the Dependent Care Account.

FLEXIBLE SPENDING ACCOUNTS CONT....

HOW DO I RECEIVE PAYMENTS FROM MY ACCOUNTS?

When you incur expenses, submit a completed claim form and documentation of the expense to the plan administrator (Tri- Ad). Claim forms are available in Human Resources or on the TCMC Intranet. Your expenses will be reimbursed as follows:

Health Care Flexible Spending Account – (HFSA)

The total amount of the eligible expense will be reimbursed, up to the total annual contribution amount less any expenses for which you have already been reimbursed, regardless of how much you have actually deposited into your account at the time your claim is submitted.

Dependent Care Flexible Spending Account – (DFSA)

Dependent care covers childcare for children 12 or under and dependent parents. The amount of your eligible expense will be reimbursed up to the balance in your account at the time of your claim. If the amount of your claim is greater than your account balance, a partial payment will be made to you based on the funds available. As deposits continue to be made from your payroll deductions, you will be automatically reimbursed the remaining claim amounts.

The deadline for submitting claims for expenses incurred through the end of the plan year (December 31, 2022) is March 31 of the following year.



IMPORTANT FSA PLAN RULES

It is important to keep in mind the rules set by the Internal Revenue Service (IRS) for using Flexible Spending Accounts and to choose carefully the amount of money you place in your account(s), because:

- If you do not use all of the money in your accounts by the end of the plan year (December 31, 2022), you are required by the IRS to forfeit the remainder.
- As a result of Health Care Reform, over-the-counter (OTC) medications (such as acne treatments, allergy and cold medicines, antacids, etc.) are not eligible for reimbursement from your Health Care FSA unless you have a prescription for that item written by your physician. The only exception is insulin, which does not require a prescription.
- You cannot change your contribution amount during the plan year unless you have a qualifying change in employment or status.
- You cannot transfer money from one account to another.
- If you use the Dependent Care Flexible Spending Account, IRS rules will not let you take a dependent care credit on your tax return for reimbursed expenses. In some cases, the tax credit you would be able to take may be greater than the savings you will receive from a Dependent Care Flexible Spending Account. You need to determine which is best for you; consulting a professional tax advisor may be helpful.

LIFE/AD&D AND SUPPLEMENTAL LIFE INSURANCE

LIFE/AD&D INSURANCE

For your peace of mind and added financial security for those who depend on you, TCMC pays the full cost to provide you with basic life insurance. If your death or dismemberment is the result of an accident, accidental death and dismemberment (AD&D) coverage provides additional financial protection. All or a portion of your AD&D benefit (depending on the nature of your injury) may also be payable to you if you are seriously injured in an accident.

FOR YOURSELF

TCMC automatically provides you with **basic life** insurance equal to one times your base annual salary plus \$5,000, up to a \$105,000 max. TCMC also automatically provides you with **AD&D** insurance and pays the full cost. The amount of basic AD&D coverage equals one times your base annual salary plus \$5,000 (\$105,000 maximum).

You may purchase **supplemental life** insurance in amounts equal to one, two, three, four, or five times your base annual salary (\$500,000 maximum). Evidence of insurability is required if you apply for over \$270,000 or three, four or five times your pay in supplemental life coverage when you are initially benefits-eligible. If you are required to provide evidence of insurability, you will need to complete an online medical history questionnaire and may be required to provide medical records and/or undergo medical testing. Based upon the results of your evidence of insurability, the insurance company may deny coverage. Life and AD&D benefits reduce at age 65. Please refer to your plan document for more information.

| Employee Supplemental Life Rates/\$1,000 of Benefit | | |
|---|---------|--------------|
| Age | MONTHLY | PER PAYCHECK |
| <30 | \$0.045 | \$0.023 |
| 30 to 34 | \$0.071 | \$0.036 |
| 35 to 39 | \$0.090 | \$0.045 |
| 40 to 44 | \$0.135 | \$0.068 |
| 45 to 49 | \$0.233 | \$0.117 |
| 50 to 54 | \$0.342 | \$0.171 |
| 55 to 59 | \$0.623 | \$0.312 |
| 60 to 64 | \$0.936 | \$0.468 |
| 65 to 69 | \$1.522 | \$0.761 |
| 70+ | \$2.718 | \$1.359 |

LIFE/AD&D & SUPPLEMENTAL LIFE - HOW BENEFITS ARE PAID

At your death—Your beneficiaries receive your life insurance. If you die as a result of an accident, your beneficiaries are paid the full amount of your AD&D insurance in addition to your basic life insurance benefit.

If you're seriously injured in an accident— All or part of your AD&D benefit is paid to you. The amount payable depends on the nature of your injury.

SPOUSE/DEPENDENT LIFE & LONG TERM DISABILITY

LIFE INSURANCE FOR YOUR SPOUSE AND DEPENDENTS

If you elect supplemental life insurance for yourself, you may elect to purchase supplemental life insurance for your spouse and/or dependent children. In the event of the death of your insured spouse or dependent(s), the life insurance benefit will be paid to you.

You may choose spouse life in increments of \$5,000 to \$25,000 (not to exceed 50% of your supplemental life insurance). Evidence of insurability will be required for amounts above \$10,000 when your spouse is initially eligible, or for any amount of spouse life elected at subsequent annual open enrollments.

Children can be covered for \$5,000 or \$10,000. If you have more than one child, each child is covered for the same insurance amount and you are charged only one premium regardless of the number of children covered. Evidence of insurability is not required for children.



LONG TERM DISABILITY (LTD)

If you are ill or injured and unable to work, the last thing you should have to worry about is losing your income. TCMC's disability benefits provide important income replacement in the event that you become disabled.

Benefited employees who are enrolled in NSRP are automatically enrolled in long-term disability insurance that is paid for by TCMC (since NSRP is an alternative to Social Security, NSRP participants do not participate in the disability components of Social Security).

Benefited employees who are not enrolled in NSRP participate in the disability components, as well as the retirement components of Social Security. In addition, you may purchase voluntary LTD coverage through payroll deduction. In both of the above scenarios, LTD benefits begin after 180 days of total disability and are paid monthly. The monthly benefit is 60% of base pay up to a maximum monthly benefit of \$6,000 for the NSRP LTD plan, or \$3,000 per month for the Voluntary LTD plan.

| Spousal Supplemental Life Premiums | | |
|---|---------|--------------|
| AMOUNT | MONTHLY | PER PAYCHECK |
| \$5,000 | \$1.65 | \$0.82 |
| \$10,000 | \$3.30 | \$1.65 |
| \$15,000 | \$4.94 | \$2.47 |
| \$20,000 | \$6.59 | \$3.29 |
| \$25,000 | \$8.26 | \$4.13 |
| Dependent Children Supplemental Life Premiums | | |
| AMOUNT | MONTHLY | PER PAYCHECK |
| \$5,000 | \$0.98 | \$0.49 |
| \$10,000 | \$1.96 | \$0.98 |

| Voluntary LTD Employee Rates/\$1,000 of Benefit | | |
|---|---------|--------------|
| Age | MONTHLY | PER PAYCHECK |
| <25 | \$0.17 | \$0.085 |
| 25 to 29 | \$0.20 | \$0.100 |
| 30 to 34 | \$0.28 | \$0.140 |
| 35 to 39 | \$0.42 | \$0.210 |
| 40 to 44 | \$0.71 | \$0.355 |
| 45 to 49 | \$1.17 | \$0.585 |
| 50 to 54 | \$1.64 | \$0.820 |
| 55 to 59 | \$2.12 | \$1.060 |
| 60 to 64 | \$2.01 | \$1.005 |
| 65+ | \$1.79 | \$0.895 |

CRITICAL ILLNESS & ACCIDENT INSURANCE

HARTFORD—CRITICAL ILLNESS

Critical Illness coverage, offered through Hartford, helps employees and their families prepare for life altering, often unexpected, illnesses by offering ancillary benefits after a positive diagnosis. This coverage helps to provide financial support during these critical periods. This voluntary program is available for you and your dependents and will pay a lump sum benefit for the covered person diagnosed with any of the covered illnesses listed in your plan summary.



| COVERAGE AMOUNTS | DESCRIPTION |
|----------------------------|--|
| Employee Coverage Amount | \$10,000 |
| Spouse Coverage Amount | \$5,000 |
| Child(ren) Coverage Amount | \$5,000 |
| Guaranteed Issue Amount(s) | Employee: \$10,000; Spouse and/or Child(ren): \$5,000 |
| Reduction Due To Age | 50% Reduction for each covered person when the employee reaches age 70 |

Rates are based on the attained age of the Employee and increases as he/she enters each new age category.

| PER PAYCHECK | | | | |
|--------------|----------|-------------------|------------------|---------|
| Age | Employee | Employee & Spouse | Employee & Child | Family |
| 18-24 | \$1.74 | \$2.84 | \$3.53 | \$4.92 |
| 25-29 | \$2.08 | \$3.34 | \$3.73 | \$5.26 |
| 30-34 | \$2.31 | \$3.70 | \$3.71 | \$5.33 |
| 35-39 | \$2.92 | \$4.62 | \$4.19 | \$6.09 |
| 40-44 | \$4.11 | \$6.43 | \$5.24 | \$7.76 |
| 45-49 | \$6.31 | \$9.85 | \$7.41 | \$11.14 |
| 50-54 | \$8.73 | \$13.60 | \$9.80 | \$14.86 |
| 55-59 | \$11.85 | \$18.46 | \$12.92 | \$19.71 |
| 60-64 | \$16.58 | \$25.79 | \$17.63 | \$27.02 |
| 65-69 | \$22.72 | \$35.15 | \$23.77 | \$36.38 |
| 70-74 | \$15.36 | \$23.85 | \$16.10 | \$24.71 |
| 75-79 | \$19.99 | \$30.88 | \$20.73 | \$31.74 |

| PER MONTH | | | | |
|-----------|----------|-------------------|------------------|---------|
| Age | Employee | Employee & Spouse | Employee & Child | Family |
| 18-24 | \$3.48 | \$5.67 | \$7.06 | \$9.84 |
| 25-29 | \$4.15 | \$6.68 | \$7.45 | \$10.52 |
| 30-34 | \$4.61 | \$7.39 | \$7.42 | \$10.66 |
| 35-39 | \$5.84 | \$9.23 | \$8.37 | \$12.17 |
| 40-44 | \$8.21 | \$12.86 | \$10.48 | \$15.51 |
| 45-49 | \$12.61 | \$19.69 | \$14.82 | \$22.28 |
| 50-54 | \$17.45 | \$27.20 | \$19.60 | \$29.71 |
| 55-59 | \$23.70 | \$36.92 | \$25.83 | \$39.41 |
| 60-64 | \$33.16 | \$51.58 | \$35.26 | \$54.04 |
| 65-69 | \$45.43 | \$70.29 | \$47.54 | \$72.75 |
| 70-74 | \$30.72 | \$47.70 | \$32.19 | \$49.42 |
| 75-79 | \$39.97 | \$61.76 | \$41.45 | \$63.48 |

HARTFORD—ACCIDENT INSURANCE

The Voluntary Accident plan, offered to you through Hartford, pays a scheduled benefit for treatment, injury or services incurred by a covered person who is injured in an accident. This plan is available to you and your dependents and covers off-the-job accidents. Emergency, Hospital & Treatment Care Packages, as well as specified Injury & Surgery Benefit Packages are offered. Please refer to your schedule of benefits for a complete list of reimbursement amounts.

| COVERAGE | PER PAYCHECK | PER MONTH |
|---------------|--------------|-----------|
| Employee Only | \$3.83 | \$7.66 |
| +Spouse | \$6.10 | \$12.20 |
| +Child(ren) | \$6.39 | \$12.77 |
| +Family | \$10.08 | \$20.16 |

EMPLOYEE ASSISTANCE PROGRAM (EAP)

EMPLOYEE ASSISTANCE AND WORK/LIFE PROGRAMS

The Employee Assistance Program offered through Magellan provides convenient, confidential short-term counseling and referral services to help you and your family members deal with life's challenges. Resources are also available to help you balance the demands of today's hectic lifestyle and enhance your quality of life.

A CONFIDENTIAL & IMPORTANT RESOURCE

Your program provides useful tools and resources that can help make the most out of your day or guide you through a difficult time. All confidential and at no cost to you.

Some of the topics we can help with include:

- Resiliency—overcoming stress and crisis at home and at work.
- Emotional Wellness—addiction, depression, anxiety and assistance with other emotional wellness issues.
- Workplace success—career goals, team conflict, crisis, management support.
- Wellness and balance—work-life balance, stress, relaxation, personal well-being.
- Personal and family goals—relationship, children and teen or aging loved ones. Changes in finances or personal situations.

Your program includes up to 8 counseling sessions for you and your eligible dependents or household members at no cost to you.

ADDITIONAL RESOURCES AND INFORMATION

HEALTH AND WELLNESS PROGRAM

Our program makes it easy to bring healthy habits into your busy life. You can set daily goals and track progress online, via mobile app and through integration with fitness trackers. You can even get help and motivation from health coaches and peers.

WORK-LIFE SERVICES

You have access to tools, resources and experts who can help with many of the day-to-day things that can happen in life. You also have access to the LifeMart® discount center which offers valuable discounts on things such as travel, clothing, restaurants, and more.

LEGAL & FINANCIAL CONSULTATION

Your program offers you quick and confidential access to help with legal or financial questions and services you may need. Legal and financial experts are available to help with any questions you may have, or access the online library for helpful tools and resources.

800-424-1747

magellanassist.com



GROUP AUTO, HOME AND RENTERS INSURANCE

GROUP AUTO, HOME AND RENTERS INSURANCE

MetLife Auto & Home's group insurance program is available to you as a voluntary benefit through TCMC. This program is underwritten by MetLife Auto & Home and offers special discounts to employees of participating groups.

Maximize your company benefits today and start saving:

- Save up to an additional 10% right away with our Welcome Discount for NEW customers.
- Qualify for a group discount of up to 15% off your policy.
- Receive extra savings if you've been with TCMC for a long time.
- Save more with our superior driver discount.
- Earn multi-vehicle savings when you insure more than one vehicle with us.
- Make the most of our multi-policy discounts when you insure both your home and auto with MetLife Auto & Home.



FOR MORE INFORMATION ON GROUP AUTO, HOME, RENTERS
AND PET INSURANCE:

CALL: 800-GET-MET 8 (800-438-6388)

OR VISIT: [metlife.com/mybenefits](https://www.metlife.com/mybenefits)




PET INSURANCE AND PREPAID LEGAL PLAN

PET INSURANCE

You have you and your family's health covered, but what about your furry family members? Pet insurance provides a financial safety net for unexpected veterinary expenses. Nationwide, through MetLife, may provide coverage for chronic and recurring conditions (that are not pre-existing) at no out-of-pocket cost. Benefits also include protection to assist members with cost associated with pet expenses that may not be directly related to a pet's condition.



You can choose from one of three plans:

| |  |  |  |
|---|---|--|---|
| Use any vet | ✓ | ✓ | ✓ |
| Accidents, including poisonings, cuts and broken bones | ✓ | ✓ | |
| Common illnesses, including ear infections, rashes, vomiting and diarrhea | ✓ | ✓ | |
| Serious/chronic illnesses, including cancer, diabetes and allergies | ✓ | ✓ | |
| Hereditary conditions | ✓ | ✓ | |
| Procedures/services, including surgeries, Rx meds and hospitalization | ✓ | ✓ | |
| Wellness services, including exams, vaccinations and flea/heartworm preventives | ✓ | | ✓ |
| Annual Deductible | \$250 for medical claims \$0 for wellness claims | | |

PREPAID LEGAL PLAN - Covers employee, spouse and dependents)

- Preparation of living wills and trusts
- Unlimited telephone advice and office consultations on any personal legal matter
- Preparation of powers of attorney, deeds, demand letters, notes and mortgages
- Document review
- Representation for tenant negotiations and eviction defense, debt collection, identity theft, tax audits and real estate matters



OTHER BENEFITS

MEMBERSHIP BANKING through San Diego County Credit Union

DISCOUNT PROGRAMS

- Over-the-Counter Drug & Supply Discounts through Employee Health
- Cafeteria Discounts
- Hundreds of Discounts through www.workingadvantage.com and www.TicketsAtWork.com

TUITION REIMBURSEMENT PROGRAM

Your individual development and continued learning are important, which is why TCMC helps pay to further your education. Eligible benefited and non-benefited employees may receive tuition reimbursement, depending upon the type of educational program. Additional information is available from the Education Department.



TIME AWAY FROM WORK

All of us need time away from work occasionally for rest and relaxation, illness, a holiday, to care for a sick child, to attend to personal business, and for many other reasons. To ensure you can take time off and still be paid, TCMC provides benefited employees with a generous, flexible Paid Time Off (PTO) program in which you accrue hours each pay period. The Administrative Policy Manual on the TCMC Intranet includes more detailed information regarding our Paid Time Off program. See the chart below or contact the Payroll Department at 760-940-7390.

PAID TIME OFF (PTO) ACCRUAL RATE

| FULL-TIME EMPLOYEES | | | 80% TIME EMPLOYEES 64-69 HOURS PER PAY PERIOD | | | 60% TIME EMPLOYEES 48-63 HOURS PER PAY PERIOD | | |
|------------------------------|-------------|--------------|--|-------------|--------------|--|-------------|--------------|
| Years of Tenure ¹ | Annual Days | Annual Hours | Years of Tenure ¹ | Annual Days | Annual Hours | Years of Tenure ¹ | Annual Days | Annual Hours |
| 0-3 | 24 | 192 | 0-3 | 19 | 153.6 | 0-3 | 14 | 115.2 |
| 4-9 | 29 | 232 | 4-9 | 23 | 185.6 | 4-9 | 17 | 139.2 |
| 10-14 | 34 | 272 | 10-14 | 27 | 217.6 | 10-14 | 20 | 163.2 |
| 15-19 | 35 | 280 | 15-19 | 28 | 224 | 15-19 | 21 | 168 |
| 20+ | 36 | 288 | 20+ | 29 | 230.4 | 20+ | 22 | 172.8 |

¹ Tenure is defined as the number of years worked since the most recent benefit eligibility date.

RETIREMENT PLANS

Saving for the future is a basic element of sound financial planning. To help you save, TCMC offers you three different retirement plans. The three plans are:

NATIONAL SECURITY RETIREMENT PROGRAM

All employees are eligible for NSRP. This program, to which both you and TCMC contribute, is an alternative to Social Security. You contribute 6.7% of your pay to the program instead of contributing to the Social Security retirement fund. The money you contribute is deducted from your paychecks and credited to your personal account prior to the deduction for federal/state income taxes. This reduces your current taxable income and you save by paying less in current taxes.

TCMC contributes 4.5% (.045) of pay for benefited employees and .8% (.008) of pay for non-benefited employees. The contributions made by both you and TCMC are always 100% vested, which means you own the money, regardless of how long you remain a TCMC employee. Included with NSRP is employee paid LTD and Survivor Income Benefits.

You decide how to invest the money in your account (both your contributions and TCMC's). The plan offers a wide variety of investment funds and you may allocate the money in your account among a number of options. Taxes on the investment earnings on your account are deferred until you withdraw the money, which helps your savings grow faster.

SOCIAL SECURITY

TCMC contributes 6.2% of your pay and you contribute 6.2% to this U.S. government-sponsored retirement program. You may opt to participate in either Social Security or in the National Security Retirement Program (NSRP); however, you cannot participate in both plans at the same time. Employees who elect to stay in Social Security may enroll in employee paid LTD.

If you are a new employee and want to enroll in NSRP, your enrollment form must be completed and returned to Human Resources within your first 90 days of employment. If not, you must wait for open enrollment and you are limited to a total of three changes during your TCMC career.



RETIREMENT PLANS CONT....

DEFERRED COMPENSATION PLAN

TCMC's Deferred Compensation Plan offers you an opportunity to set aside pre-tax dollars for your retirement years while saving tax dollars now. All employees are eligible for this plan immediately upon employment.

- You decide how much you save, up to the maximum annual amount set by the federal government. The money you contribute is deducted from your paychecks and credited to your personal account before federal/state income taxes are deducted. This reduces your current taxable income and you save by paying less in current taxes.
- Saving is easy through regular, convenient payroll deductions.
- You decide how to invest the money in your account. The plan offers a wide variety of investment funds and you may allocate the money in your account among a number of options. Taxes on any investment earnings are deferred until you withdraw the money, resulting in a faster accumulation of your savings.
- You may stop or change the amount of your contributions at the beginning of any pay period and you may change your investment choices or transfer money between investments on a daily basis.

Money Accumulation Pension Plan (MAPP)

If you elect to participate in a MAPP, both you and TCMC contribute to your plan as explained below. You are eligible to participate in the plan if you are a benefited employee who has completed one year of service.

- To participate, you make an after-tax contribution equal to 2% of your pay, and TCMC contributes 6% of your pay.
- You may also make additional voluntary after-tax contributions.
- You decide how to invest the money in your account. The plan offers a wide variety of investment funds and you may allocate the money in your account among a number of options. Taxes on any investment earnings are deferred until you withdraw the money, resulting in a faster accumulation of your savings.
- If you leave TCMC, you may take your vested account balance with you. You are always vested (which means you own the money) in the contributions you make to the plan and any investment earnings on those contributions. You become vested in TCMC's matching contributions and any investment earnings gradually over five years of service with TCMC.

Separate enrollment packets include more detailed information about NSRP, Deferred Compensation, and MAPP. Please study this information carefully before enrolling, but don't delay. The earlier you start to save, the faster your savings will grow, and the better prepared you will be for your retirement!

For more information on the Tri-City Retirement Program or to enroll in any of the plans, please contact Andy Kim at 760-940-5636.

CONTACT INFORMATION

| PLAN | WEBSITE | PHONE NUMBER |
|---|---|-------------------------|
| Medical Plans | | |
| United Healthcare | myuhc.com | 800-624-8822 |
| Signature Value Advantage HMO Plan | | |
| United Healthcare Select Plus PPO | | 800-741-8786 |
| Optum Rx Prescription Drug Plan | | |
| RxBenefits Member Services | optumrx.com Email: RxHelp@rxbenefits.com | 800-334-8134 |
| Chiropractic | | |
| OptumHealth—Physical Health of California | myoptumhealthphysicalhealthofca.com | 800-428-6337 |
| Behavioral Health Plan | | |
| Optum Health — HMO | www.liveandworkwell.com | 800-999-9585 |
| PPO | myuhc.com | 800-741-8786 |
| Dental | | |
| DeltaCare USA DHMO | deltadental.com | 800-765-6003 |
| Delta Dental PPO | | |
| Vision | | |
| VSP PPO Vision Plan | vsp.com | 800-877-7195 |
| Employee Assistance Program | | |
| Magellan EAP | magellanassist.com | 800-424-1747 |
| Flexible Spending Account | | |
| Administered by Tri-AD | tri-ad.com/fsa | 888-844-1372 |
| Life, AD&D and Long Term Disability Insurance | | |
| Hartford | TCMC Intranet | 800-331-7234 |
| Critical Illness & Accident Insurance | | |
| Hartford | thehartford.com/benefits/myclaim | 866-547-4205 |
| Legal Plan | | |
| MetLife Legal Plans | legalplans.com | 800-821-6400 |
| Retirement Plans | | |
| National Security Retirement Program | TCMC Intranet/HR/Retirement LincolnFinancial.com | Andy Kim - 760-940-5636 |
| Deferred Compensation Plan | | 800-234-3500 |
| Money Accumulation Pension Plan (MAPP) | | |
| MetLife Voluntary Benefits | | |
| Pet Insurance, Auto and Home | metlife.com/mybenefits | 800-438-6388 |
| TCMC Human Resources/Benefits | | |
| | TCMC Intranet/HR/Benefits | 760-940-7998 |
| McGriff Benefits Advocate | | |
| | Email: benefitsadvocate@mcgriff.com | 800-914-5096 |

REQUIRED NOTICES

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. Tri-City Medical Center provides all federally required annual notices; below are summary descriptions of each notice and disclosure. Please contact Human Resources for a copy of the full disclosure.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

Plan participants are entitled to certain special enrollment rights outside of the company open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or addition of a new dependent.

PATIENT PROTECTION NOTICE

Your plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Until you make this designation, the medical carrier designates one for you.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act (WHCRA) contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The US Departments of Labor and Health and Human Services are in charge of this act of law, which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.

THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.

HIPAA NOTICE OF PRIVACY PRACTICES

This notice is intended to inform employees of the privacy practices followed by your company's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) NOTICE

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. This notice provides information on how to contact your state Medicaid office to receive information on assistance.

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Beginning in 2014, there are new ways to buy health insurance: the Health Insurance Marketplace. This notice provides basic information about the new Marketplace.

MEDICARE PART D: PRESCRIPTION DRUG COVERAGE AND MEDICARE

Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

GINA WELLNESS PROGRAM NOTICE

Employers are prohibited from requesting or requiring genetic information. By providing this notice, any receipt of genetic information generally will be deemed inadvertent and not a violation of the prohibition.

COBRA CONTINUATION OF COVERAGE

COBRA requires continuation coverage to be offered to covered employees, their spouses, their former spouses, and their dependent children when group health coverage would otherwise be lost due to certain specific events. Benefit eligible employees and their dependents receive notifications regarding their rights and responsibilities under COBRA when they first become eligible for coverage under an employer's group health plan and when they experience a qualifying event that entitles the individual to COBRA continuation coverage.

WELLNESS PROGRAM NOTICE

Effective January 1, 2017, employers are to give participating employees a notice that tells them what information will be collected as part of the wellness program, with whom it will be shared and for what purpose, the limits on disclosure and the way information will be kept confidential.

HIPAA WELLNESS PROGRAM NOTICE

This is a wellness program notice that is subject to HIPAA's notice requirement regarding reasonable alternative standards to earn a program incentive.

FAMILY AND MEDICAL LEAVE ACT NOTICE

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for specific family reasons listed in the full notice. An eligible employee who is a covered service member's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the service member with a serious injury or illness.

GENERAL NOTICE OF USERRA RIGHTS

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer and the insurance carriers. The text contained in this booklet was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the booklet and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this booklet, contact Human Resources.

Prepared by:

